

**INTERPRETING INVOICE FOR THE U.S. DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY** Phone: 973-645-4621 Fax: 973-645-4431

INTERPRETER'S INFORMATION:

Interpreter's Name: _____

Payee (if different): _____ Tax ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____ Pager/Cell: _____

CASE INFORMATION:

Case Name/Defendant: _____

Case Number: _____ Assistant U.S. Attorney's Name: _____

Name of Judge/Mag-Judge: _____

SERVICES FOR:

Date: _____ Time Hired For: _____ Start: _____ Finish: _____

Languages: English and _____ Type of Proceeding: _____

() In Court () Out of Court () Both Place: _____

(Travel Expenses : *Receipts must be included for reimbursement)

Miles: No. of miles _____ x \$0.36 = _____ **Fee for Services :** _____

*Tolls (if any): _____ **Total Travel Expenses :** _____

*Parking: _____

*OR: Public transportation: _____ **Total Due :** _____

UNDER PENALTY OF PERJURY, I CERTIFY THIS TO BE TRUE AND ACCURATE,

Signature: _____

ADDITIONAL CASES:

CASE INFORMATION:

Case Name/Defendant: _____

Case Number: _____ Assistant U.S. Attorney's Name: _____

Name of Judge/Mag-Judge: _____

SERVICES FOR:

Date: _____ Time Hired For: _____ Start: _____ Finish: _____

Languages: English and _____ Type of Proceeding: _____

() In Court () Out of Court () Both Place: _____

CASE INFORMATION:

Case Name/Defendant: _____

Case Number: _____ Assistant U.S. Attorney's Name: _____

Name of Judge/Mag-Judge: _____

SERVICES FOR:

Date: _____ Time Hired For: _____ Start: _____ Finish: _____

Languages: English and _____ Type of Proceeding: _____

() In Court () Out of Court () Both Place: _____
